

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

→ AMENDED ←

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

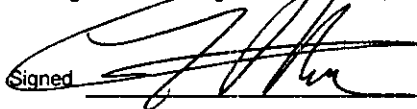
1. File Number U- 9678	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name F. MITCHELL DANA P.O. Box, Bldg., Room No., if any Street 221 W. 82ND ST. # 3A City NEW YORK CITY State NY ZIP Code + 4 10024-1506	4. Name, file number, and address of labor organization. Name UNITED SCENIC ARTISTS. USA829 Labor Organization File Number 046-022 P.O. Box, Building and Room Number, if any 15th Floor Street 29 W. 10th 38th ST. City NEW YORK CITY State NY ZIP Code + 4 10018
5. Position in labor organization. VICE PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name LEAGUE OF AMERICAN THEATRES AND PRODUCERS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 226 W. 47 City NEW YORK CITY State NY ZIP Code + 4 10036	7.a. Nature of Interest, Transaction, or Income. I AM ELIGIBLE TO VOTE FOR THE ANTONETTE PERRY (TONY) AWARDS. IN ORDER TO DO SO I RECEIVE TICKETS TO ALL BROADWAY SHOWS. CONTRACTS FOR THESE SHOWS ARE HELD BY THIS UNION UNDER A CBA - THERE IS NO STATED VALUE ON 7.b. Amount. THESE TICKETS. 0 (NONE)

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On **8/15/2005** **212/873-1229**
Date Telephone Number

Name of Person Filing

F. MITCHELL DANA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **VARIOUS ENTERTAINMENT ENTERPRISES**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **UNITED SCENE ARTISTS Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **29 W. 38TH ST**City **NEW YORK CITY**State **NY** ZIP Code + 4 **10018**

11.a. Nature of such dealing. **RECEIVED CONTRIBUTIONS FROM VARIOUS ENTERTAINMENT ENTERPRISES ON BEHALF OF THE WORKING UMBRELLA AS PER COLLECTIVE BARGAINING AGREEMENTS**

11.b. Approximate dollar value of such dealing **\$4,077,742**

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR PAY LOST IN ORDER TO ATTEND FUND TRUSTEE MEETINGS
1/5/2004 2/17/2004
5/3/2004 10/14/2004

12.b. Amount.

\$716⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

F. MITCHELL DANA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *VARIOUS ENTERTAINMENT ENTERPRISES*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *UNITED SCENIC ARTISTS WELFARE FUND*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *29 W. 38*City *NEW YORK CITY*State *NY* ZIP Code + 4 *10018*

11.a. Nature of such dealing. *RECEIVED CONTRIBUTION FROM VARIOUS ENTERTAINMENT ENTERPRISES ON BEHALF OF WORKING MEMBERS AS PER COLLECTIVE BARGAINING AGREEMENTS*

11.b. Approximate dollar value of such dealing. *\$6829,170.00*

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR PAY LOST IN ORDER TO ATTEND FUND TRUSTEE MEETINGS
1/15/2004 2/17/2004
5/3/2004 10/14/2004

12.b. Amount.

\$1024.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.